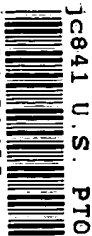


06/09/00




Jc841 U.S. PTO

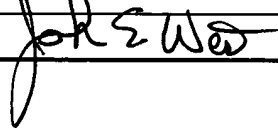
06-12-00

A

Jc802 U.S. PTO
09/590904Jc802 U.S. PTO
09/590904

UTILITY PATENT APPLICATION TRANSMITTAL <i>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</i>	Attorney Docket No.	A-6585
	First Inventor or Application No.	JERDING ET AL.
	Title	PROGRAM INFORMATION SEARCHING SYSTEM FOR INTERACTIVE PROGRAM GUIDE
	Express Mail Label No.	EL544620315US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Box Patent Application Assistant Commissioner for Patents Washington DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages <u>19</u>]	6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>10</u>]	ACCOMPANYING APPLICATION PARTS
4. Oath or Declaration [Total Pages <u>4</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) (NOT EXECUTED) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:
16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box, and supply the information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: Prior application information: Examiner: Group Art Unit:	
17. CORRESPONDENCE ADDRESS	
<input checked="" type="checkbox"/> Customer Number or Bar Code  or <input type="checkbox"/> Correspondence address below	
Name <input type="text"/>	
Address <input type="text"/>	
City <input type="text"/>	
Country <input type="text"/>	
5642 PATENT AND TRADEMARK OFFICE	
Zip Code <input type="text"/>	
Fax <input type="text"/>	

Name (Print/type)	JOHN ERIC WEST	Registration No. (Attorney/Agent)	46,279
Signature		Date	JUNE 9, 2000

Docket No.: A-6585

06/09/00
JCE41 U.S. PTO

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: JERDING ET AL.
DOCKET NO.: A-6585
TITLE: PROGRAM INFORMATION SEARCHING SYSTEM FOR
INTERACTIVE PROGRAM GUIDE

JUNE 9, 2000

FEE TRANSMITTAL FORM

Box PATENT APPLICATION
Assistant Commissioner for Patents
Washington, DC 20231

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.


	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	2	3	0	\$ 78.00	\$000.00
Total Claims	58	20	38	\$ 18.00	\$684.00
Multiple Dependent Claims				\$260.00	\$000.00
Basic Filing Fee				\$690.00	\$690.00
Total Filing Fee					\$1374.00

One duplicate original of this sheet is enclosed.

SEND CORRESPONDENCE TO:

Scientific-Atlanta, Inc.
Intellectual Property Department
One Technology Parkway
Norcross, GA 30092-2967

By:


JOHN ERIC WEST
Agent of Record
Reg. No.: 46,279
Phone: (770) 236-4872
Fax No.: (770) 903-4806

Certificate of Mailing

EXPRESS MAIL NO.: EL 544620315US

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as EXPRESS MAIL in an envelope addressed to:

Box PATENT APPLICATION
Assistant Commissioner for Patents
Washington, DC 20231

on JUNE 9, 2000.


Marcia Burdick